of OCCUPA PHYSICIANS ECORD. Every Exact statement stated EXACTL properly classified. IS A PERMANEN BINDING See instructions on back of certificate. FOR MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may H UNFADING INKmation should be carefully supplied. TION is very important. -WRITE PLAINLY,

ż

1. PLACE OF DEATH			46		11	1300
County GARDETT			, -	Registration Dis	st. No. 7	166
43 / ~			No		St.,	Ward
Length of residence in city or town where de		(1)	No. death occurred in a hospital or institution of the control of	tion, give its NAME in	istead of street and	number)
				n toteigh birth:	yss n	105
2. FULL NAME TRANHLINFI	ERIE AI	TNOLA				
(a) Residence: No.	(Usual place of	(shods)	St., Ward.	If nonresident air	e city or town and	J Carta
PERSONAL AND STATISTIC		10.00	MEDICAL C	ERTIFICATE O		u State
	5. SINGLE, MARR	IED, WIDOWED,	21. DATE OF DEATH	10		
MALE WHITE		(write the word) RiEI	***************************************	Oct.	15	, 193.2
5a. If married, widowed, or divorced	791417	nieu		(Month)	(Day)	(Year)
HUSBAND of MINNIE ATTNO	110		22. / I HEREBY	CERTIFY,		deceased from
			Cet 4"	, 19 32 , to (Vet 15"	, 1932
	TEH ZYMA		I last saw h Ann alive on	Oct /2	, 19 3 2	.; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date state			
17 6	23	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes (of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	7/	~ ~ ~	f			
SAWYER, BOOKKEEPER, etc	PLASTE	1.5/7	- awer heline	mass:0	modulor	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at			mass, low down in	left obsom	coop. Gente Fi	2
10. Dato deceased last worked at	11. Total tin	ne (vears)	resumulty 1	Malignas	fr. 2	
O this occupation (month and spent in this occupation occupation		no autopay ; souper	wille & therefor	es to man	NAS.	
12. BIRTHPLACE (city or town) FIRED A	ck. M	'n	Other Contributory Causes of impo			
12. BIRTHPLACE (city or town)	AA N	A	Ruration: approx	simotely fee	a years.	
	An In in		9 1	notoma: pr	stally 2.	
13. NAME JAMES MADISON	HRNOLA			mord		
14. BIRTHPLACE (city or town) FREAR (State or country)			Name of operation.		Date of	
	Ma		What test confirmed diagnosis?			
15. MAIDEN NAME ELIZABETH P	HEOHUS		23. If death was due to external cau	ises (VIOL ENCE) fill In	also the following	g:
0 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Dat	e of injury	, 19
(State or country) FREDE	MICK		Where did injury occur?	(Specify city or tov	vn county and Sta	te)
17. INFORMANT Navisors M. Homold			Specify whether injury occurred in	INDUSTRY, in HOME	, or in PUBLIC PL	ACE.
(Address) Mf. Dake Park	· Me.					
Place Callund	n. 9-00	17 1932	Manner of injury			
(lace) A A	, 195	Nature of injury			
19. UNDERTAKER COMMON SE	olde		24. Was disease or injury In any w	ay related to occupation	n of deceased?	
(Address)		med	If so, specify	1-147	,	
20. FILED Ct. 6, 1932 July	ia Mar	van	(Signed) Klimry U	Sola- Maria	had	
12	ALLS	Registrar.	(Address)	WHILLEMAI	md,	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		COL OF 1911	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

1. PLACE OF DEATH	10968
County Garrett, Village ox XXX 5 miles East of Accide	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Verna Mae Beitzel, (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE ONDIVORED. WIDOWED. ONDIVORED (write the word)	21. DATE OF DEATH Oct. 8th., 1932. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Quq. 8 - 1932	22, HEREBY CERTIFY, That I attended deceased from Oct. 5th., 19 32 to Oct. 8th., 19 32
7. AGE Years Months Days I LESS than 1 day. hrs. or min.	to have occurred on the date stated above, at 7 Soffin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Mary and (State or country) 13. NAME Edwin Britnel	
14. BIRTHPLACE (city or town). Maryland. (State or country)	Name of operation. Date of
15. MAIDEN NAME crominta maust 16. BIRTHPLACE (city or town) (State or country)	23. ff death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Edwin Beilie 9. (Address) Eccident Mais P. D. 18. BURIAL CREMATION OR REMOVAL	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Cherry Tubbate Get 7, 1932	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
19. THE Get 8 19.32 4. Prichter	(Signed) Markety M.
Registrar.	(Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Total Total	Example I		Example II	
The principal cause of do of importance were as fol	eath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosia	MOV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAY	July5,1927	Perilonitis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 ycar

PHYSICIANS should state Exact statement of OCCUPA. Atem of infor-RECORD, Every mation should be carefully supplied. AGE should be stated EXACTLY. A PERMANEN properly classified. CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate. S WATH UNFADING INK-THIS PLAINLY,

BINDING

FOR

MARGIN RESERVED

WRITE

V.S. No. B

STATE	OF	MARYL	AND-	CERTIFI	CA	TE	OF	DE	EAT	1
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1. PLACE OF DEATH	10970
County Garrett	Registration Dist. No. 769
Village or XXXX 5 Miles East of Acciden	1t. No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if ot toreign birth?yrs mos ds.
2. FULL NAME Vernon L. Beitzel.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK. DIVORCED (write the word)	21. DATE OF DEATH Oct. 5th. 1932.
Male White Single 5a. It married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That attended Aceased from
6. DATE OF BIRTH (month, day, and year) Aug 8th 1932	Hast saw hair alive on Och 4 th 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11/5 4 in.
1 day,hrs.	THE TRINGIPAL CAUSE OF DEATH and related datases of importance
8 Trada profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Mary Land	Dther Contributory Causes of importance:
(State or country) 13. NAME Column Buthel	Magietary vine entre Control
13. NAME Colors Summer 14. BIRTHPLACE (city or town) Afrancisco	Name of operation.
(State of Country)	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME Usangular Manuel 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
X (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT tedwar Belget	Specify whether Injory occurred In IMDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Turny Black Date (CC) 7, 1932	Nature of injury
19. UNDERTAGER John Belatz	24. Was disease ar Injury In any way related to occupation of deceased? If so, specity
20. FILED Oct 5, 1984 af Trisleter Registrar.	(Signed) (Address) (Address) (Address)
The state of the s	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

V. S. No. 1 E L

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10969
County Garrell	Registration Dist. No. 164
Village or City hear Bittinger	NoSt,Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U, S. if of foreign birth? yrsmos. ds.
2. FULL NAME BET	1-00
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divnrced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I allegeded deceased from Bet 11, 10 amps 32 to 12 1 1932
6. DATE OF BIRTH (month, day, and year) (Bet. 11 1932	I last saw h alive on, t9; death is said
7. AGE Years Months Days If LESS, than	To have occurred on the date stated above, at \$2.73 m.
day, & hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Bremeture birth
Tindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) occupation	(° 120)
12. BIRTHPLACE (city or town) Rear Bittinger	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Rear William ger (State or country)	
13. NAME Les. Th. Deitnel	
14. BIRTHPLACE (city or town) Bittinger	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME da. May Miller 16. BIRTHPLACE (city or town) Breston Confidence (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Breston Congr.	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Leorge H. Dertzel. (Address)	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deitrel Cemelity the (\$1 /3 ,19.32	Nature of injury
19. UNDERTAKER Fferman plet	24. Was disease er injury in any way selated to occupation of deceased?
(Address) & Alinger Md.	If so, specify
20. FILED (Get. 1/, 1932 Ul. 1. Prichter	(Signed) M. D. (Address) M. D.
Registrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
00 4.7.4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1933	Gastroenteritis	1 year

V. S. No. 1

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1. PLACE OF DEATH	2
County Fauett	Registration Dist. No. 164
Village or City Mear Dulling E. Mid	· No. St. Ward
// / ~	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds How long in U.S. If ot foreign hirth? yrs mos. ds.
2. FULL NAME Stillborn Beitze	8
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR SIVORCED Counter the World)	Stillbonen - Oct 11th 1939
To la viente Premature	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY. That I attended deceased trom
Willborn Would mo,	, 19 , to, 19, 19
6. DATE OF BIRTH (month, day, and year) Oct 11th 1982	I last saw h, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
Premaline berth 1day, hrs.	The PRINCIPAL CASSE OF DEATH and related causes of importance were as follows
8 Trade profession or particular	Miletore Presidence Date of onset
kind of work done, as SPfNNER, SAWYER, BOOKKEEPER, etc.	(15 mo)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occupation (month and	
3 P SAW MILL, BANK, etc.	
- this occupation (months and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Medic Adding Control	
(State or country)	
13. NAME Store of Belleville Mellinger Med.	
14. BIRTHPLACE (city or town) Pullinger, Mid.	Name of operation. Oate et. Control
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Va Mar Meller 16. BIRTHPLACE (city or town) Preston land Mar	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Meslow Coolly	Accident, sulcide, or homicide?
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Stoves A Bulgel	Specify whether injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pface Jeuges Wemelbally COS 1992	Nature of Injury.
19. UNDERTAKER Herman Whel	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bittinger Ema	If so, specify
20 FILED Oct 11 1932 a. V. Richter	(Signed) Waterscoy M. D.
Registrar.	(Address) according!

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ciassified (If death occurred in Ward) a hospital er institution, give its NAME instead of street and number.) properi PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE & SINGLE 3 SEX 16 DATE OF DEATH MARRIED, BINDING WIDOWED. OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) and that death occured on the date stated above, at .. IIf LESS than 7 AGE I day 4 hrs. The CAUSE OF DEA ds. or min.? R OCCUPATION ESERV (a) Trade, profession or particular kind of work <u>n</u> (b) General nature of industry business, or establishment in (Duration)yrs...... mos..... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE Discase Causing Death, Vor, in deaths Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (State or country) 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the ... yrs...... mos......ds. State yrs mos Where was disease contracted, 0 hould if not at place of death? of 14 THE ABOVE IS TRUE TO THE Every item CIA/45 shot statement o Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Collon Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Housemuid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Or Farm laborer, Laboreryrs). For persons who have no occupation 11 without more precise specification as Day Home, and children, If the occupation has been changed mill; (a) Salesmon, -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the Drease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrosymal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (unver report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of carbolic acid-probably suicide. "PUERPERAL septicaemia," "PUERPERAL peritonitis," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tunnor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"Atrophy." "Collapse." "Coma," "Convulsions, .. (nume origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS, OF INJURY Chronic valnular heart discuse; etc. The nature of the injury, Nomenclature The contributory Always qualify all etc.), "Dropsy, death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 B. TION is very important. See instructions on back of certificate.

item of infor-

OCCUPA.

of

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10923
1. PLACE OF DEATH	8
County Garrett	Registration Dist. No. 167
Village or CayX Near McHenry, Md.	No. St, Ward
Langth of residence in city or town where death occurred yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Roberta Irkne Brant	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, ORDINGRED (world word)	21. DATE OF DEATH Oct. llth., 1932. (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from Oct. 9th., 19 32 to Oct. 11th., 19 32.
6. DATE OF BIRTH (month, day, and year) nov. 20 - 1925	Hast saw hu alive on Oct. 10 th 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A. in.
B // 21 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Scarlet Fever Oct.5th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occupation (month and	
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) The Henry MA	Other Contributory Causes of Importance:
13. NAME Jet. J. Ordant	
13. NAME Jet. O. Ordani	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Bana Callis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cana Coallis 16. BIRTHPLACE (city or town) of ages made	Accident, sulcide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Care Grant (Address) The Henry ma	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thayerville Manage Oct 12, 1902	Manner of injury
19. UNDERTAKER Walter Sarage (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Dat. 11, 1992 a. J. Richter Registrar.	(Signed) / Cooler M. D. (Address) Cooler M. D.
If more Manks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURBAR V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10974
1. PLACE OF DEATH	8
County Sarrett	Registration Dist. No.
Village or City Furn	No. St., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
V' 4.1 T.	ds. How long In U. S. if of foreign birth? yrs mos ds.
2. FULL NAME KINEW JAOTHY FOR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 181 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cupont	22. I HEREBY CERTIFY, That I atlended deceased from
5 DATE OF RIPTH (month day and year) port 185-1932	I last saw har alive on Paul form out 181, 1932 death is said
6. DATE OF BIRTH (month, day, and year) 0 1 9 193 2 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Alue American
still form I day, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Orinstur detasliment Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1) Placentia Syl 30th
8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation	
To my and	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (Slate or country)	Jiamus Omia
E 13. NAME Channey M tom	
13. NAME Channey M. In 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 226_
15. MAIDEN NAME Bline man Fyrund	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Blins man Fyrial 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colleuncy M. Frank (Address) Frank mid	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Blooming Rase Oate Oct 2,19.32	Nature of injury
19. UNDERTAKER At Avage	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ji right wille mi,	If so, specify
20. FILED Och 2 1932 Mrs. Jesnnelle Statle	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	& OF STATE
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
O contributory causes of importance:		Other contributory causes of importance:	
Ulstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County ... Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U. S. if of foreign birth? ______ yrs. _____mos. _____ds. statement ECORD. Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. 193 2 OR-DIVORCED (write the word) (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at______ stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc Industry or business in which may plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that vear) occupation. instructions Other Contributory Causes of importance: 80 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. in plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: important Accident, suicide, or homicide?______ Date of injury______, 19_____, SE OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) _ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Mantagada	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING B.-WRITE PLAINLY,

V. S. Mo. 1

ż

STATE OF MAI	RYLAND—	CERTIFICATE	OF DEA	ATH 1	0976
1. PLACE OF DEATH County		(9)	Registration	Diet No /	66
Village or City meh Rase Pa	Luc mel	No. death occurred in a hospital or ins		St.,	
Length of rasidonca in city or town whara death occurred	yrsmos		if of foreign birth?		
(a) Residence: No.	- varia	St., Ward.	~ <i>)</i>		
	ace of abode)	MEDICAL		give city or town	Marian III
PERSONAL AND STATISTICAL PAR			CERTIFICATE	E OF DEATI	1
3. SEX 4. COLOR OR RACE OR DIVOR	ARRIED, WIDOWED, CED (write tha word)	21. DATE OF DEATH	(Month)	(Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adorsted has 2.6	Harmon	22. I HEREE	Y CERTIF	Y. That I atten	ded dacaasad fr
5. DATE OF BIRTH (month, day, and year)	1013	I last saw h aliva on	Och 8	19	> death is s
7. AGE Years Months Days	If LESS than	to have occurred on the data st	ated above, at 11:0	oa.m.	, , , , , , , , , , , , , , , , , , , ,
19 1 28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DE	EATH and related caus	ses of importance	Date of on
8. Trada, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.	3	Tulman	y Juli	1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total			•		*
- I this occupation (month and) the 121 3	al time (yaars) spant in this occupation			• • • • • • • • • • • • • • • • • • • •	
12. BIRTHPLACE (city or town) John Color (State or country) Weak Our		Other Contributory Causes of in	nportance:	4	
	~	~ Claber	- Madel		
13. NAME Colors Lotter 14. BIRTHPLACE (city or town)	A)	Name of operation		Date	of
(State of country)	(Co Ce) on	What tast confirmed diagnosis?		Was thare	an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ubles	23. If death was due to extarnal Accident, suicide, or homicida?			
17. INFORMANT & P Name		Whera did injury occur? Spacify whether injury occurred	(Specify city or d in INDUSTRY, in HC	town, county and OME, or in PUBLIC	State) PLACE.
(Addrass) / Full Kare 18. BURIAL, CREMATION, OR REMOVAL	and mil				
Place I'm mayo Wa Data Oct	5 11 1932	Manner of injury			
19. UNDERTAKER Dodine & Co (Address) A many	W	24. Was disease or injury in any	way related to occup	pation of deceasad	
20 FIRED . 8 , 1932 Win K.	mary	(Signed) (Addrass)	Dona	Rusa	Rag N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address) alleden

(State or country)

Other Contributory Causes of importance Arteriosclerosis What test confirmed diagnosis? 23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) . Registrar.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL		MANIL	.AIYD	CLIVIII	CAIL	OI	DLAIII

1	. PLACE OF DEATH			200-2	1978
	County Harrill			Registration Dist. No.	
	Village or City Oaklan	cl !	md	NoSt.,	Ward
	Length of residence in city or town where death	occurred		death occurred in a hospital or institution, give its NAME instead of street and street	
-	FULL NAME Sellens	n	-p0	a state of the sta	03
-	110	sse.cl.	don		
	(a) Residence No.	(Usual place of	of abode)	St., Ward. If nonresident give city or town and	State
January 1997	PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	7 101100
9	nale White &		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 22 (Year)
	HUSBAND of Cor) WIFE of Daisy Le	rhr		22. I HEREBY CERT1FY, That I attended	
6. 1	DATE OF BIRTH (month, dey, and year)	rch.	2.1877	I lest saw h alive on	
7. /	AGE Years Months	Days	If LESS then	to have occurred on the dete stated above, et	
	5-5-	120	l dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	Date of onset
NOI	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Then	J	Body was found in woods. Dead about three weeks.	Date of onest
OCCUPATION	Ondustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			ause of death unknown.	
000	Dete decessed last worked at this occupetion (month end yeer)	11. Total tip spen occu	me (years) t in this pation		-
12.	BIRTHPLACE (city or town) Bitting (State or country)	co	md	Other Contributory Causes of importance:	
ER	13. NAME Peter P L	ohr			
FATHER	14. BIRTHPLACE (city or town)		10	Name of operation Date of	
-	(State or country)	des	Pa	Whet test confirmed diagnosis? Was there an a	utopsy?
MOTHER	16. BIRTHPLACE (city or town) (State or country)	ineld	md	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
	INFORMANT wade ft to (Address) Swanto	ur 1	nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ÁĆE.
18.	BURIAL, CREMATION, OR REMOVAL Place De Maingen Indo	Bet 14	1982	Manner of injury	
19.	UNDERTAKER Emry Br	lde	[md	24. Was disease or injury in any way related to occupation of deceased. ACTING COFNETS IOI GRAPHETS If so, specify	Co. Md.
20.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	alla	Registrar.	(Signed) Pland Barris to	M. D.
	If more blank	are needed, ac	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	with

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 wear

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	93-0)
	County Marell	Registration Dist. No. / 62
	Village or City Grantsville	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Henry Edmuth of	Leskengie
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Male White Charied	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
	alen Messengel	June / 1932 to let 18, 1932
ite.	6. DATE OF BIRTH (month, day, and year) Lucemby 22-1864	Uest saw h malive on Oct 18 , 19 32; death is said
ifica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.2.2.1.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
certificate	67 9 26 ormin.	were as follows: Date of onset
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spe	Chrane Myacandello Jung 2
back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	SAW MILL, BANK, etc	
no si	10. Date deceased last worked at this occupation (month and year) year) 422 11. Total time (years) spent in this occupation 224	
instructions	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
ruc	(State or country) WM CC	
inst	II 13. NAME Samuel All Kingil	
See	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State of country)	What test confirmed diagnosis? Was there an autopsy?
important	15. MAIDEN NAME Sarah and Alarhamore 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
port	State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	17. INFORMANT MISS Eller Me Kengil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Grantsulle 18. BURIAL, CREMATION OR REMOVAL	
is v	Place y sonta well Date 10-21, 1932	Manner of injury
LION	19. UNDERTAKER Allow Allintulus	24. Was disease or injury in any way related to occupation of deceased? 245
1	(Address) Grantsvelly / A	If so, specify
	20. FILED O A-24, 1932 STYVILL	(Signed) M. D. A. D. Querry M. D.
	Registrar.	(Address) Strassbottle Wife

S. No. 1

. PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

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The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10980
1. PLACE OF DEATH	940
County Garrett	Registration Dist. No.
Village or City Jakland	No. St Ward
Length of residence in city or town where death occurredyrs 5mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Welliam Delmar Re	ed.
(a) Residence: No. Ethelhaust	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of GOT) WIFE of Mrs. attic Rola.	22. 1 HEREBY CERTIFY That I attended deceased from
C DATE OF DEPTH () A LONG 1076	1 last saw h MM alive on Oct 6 1932 death is said
6. DATE OF BIRTH (month, day, and year) May 8, 18 18 7. AGE Years Months Days KLESS than	to have occurred on the date stated above, at 5 2 m.
5-/ 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Munister SAWYER, BOOKKEPPER, etc.	were as follows: Ougua Pectoris Date of onset 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	J
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Last Creek, Upshur Co. (State or country) Thest Winging	Other Coatributory Causes of importance:
13. NAME Levi D. Reed!	
13. NAME Levi D. Read 14. BIRTHPLACE (city or town) West	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annie Suddereth	23. ff death was due to axternal causes (VIOL ENCE) filf in also the following:
15. MAIDEN NAME Commie Suddereth 16. BIRTHPLACE (city or town) west (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mas. W. D. Rued (Address) Oakland mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place taymout, 11 12 Date Let. 10,1932	Nature of injury
19. UNDERTAKER Mory Balden (Address)	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED Ct. 9, 19 \$2 Julia Rower. Registrar.	(Signed) M. C. Huebaugh M. D. (Address) Oakland Md
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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te .	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	
OCC	County Juris	Registration Dist. No.
.El	Village or City Del Cand?	No. St., Ward
9	(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
AN	Ral K (). No	
PHYSICIANS ict statement	2. FULL NAME DU THE THE	
YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L Y	OR DIVORCED (write the word)	(Month) (Day) (Year)
X A C T L	5a. If married, widowed, or divorced HUSBAND 6f	
A (Do GD WHE OF Jasper W. Tiley	22. HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year)	I last saw h. Pelm on a Carried Jo handeath is said
d l	7. AGE Yaars Months Days II LESS than	to have occurred on the date stated above, at
stated E properly certificate	Mis Carrier 5 los min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Date of onset
be be	SAWYER, BOOKKEEPER, etc.	Injury do mo This
should it may n back	(9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
she it r	U 10. Date deceased last worked et 11. Total time (years)	
4	this occupation (month and spent in this occupation	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town). Oak Qa. 4. The	Other Contributory Causes of importance:
s, s ruc	(State or country)	
plie rm inst	# 13. NAME Jaspen White Killer	
sup vin te See	14. BIRTHPLACE (city or town)	Name of operation Date of
lly slai	(Stete or country)	What test confirmed diagnosis?
efully supplied in plain terms, ant. See instri	# 15. MAIDEN NAME NAME ODER O REGION	23. If death was due to external causes (VIOL ENCE) fill in also the following:
TH in portant.	o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
ld be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
DI DI	17. INFORMANT (Address) Color Color Color	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should be carefully supplied OF DEATH in plain terms, s very important. See instru	18. BURIAL, ICREMATION, OR REMOVAL	Manner of injury
[7] ·=	Place time Gen Date Old, 15, 1932	Nature of injury
mation s CAUSE TION is	Emory Bolden	24. Was disease or injury in any wey related to occupation of deceased?
HOF	19. UNDERTAKER (Address)	If so, specify
	20. FIRED CT. 15.1932 relia Powan	(Signed) 2 Mozey Danufertze M.D.
	20, FISEB. P. F. Registrar.	(Address) 21 dede 10. Dalberd had
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1

Wnumber) os State , 193 V (Year) deceased
number) OS
number) OS
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MARGIN RESERVED

V. S. No. 1 B ż

	AND-	CERTIFICATE OF DEATH	983
1. PLACE OF DEATH County Larrett		Registration Dist. No.	1
Village or City Near Frendon	ll R7	D. No. St	Ward
Length of residence in city or town where death occurred 40		death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Katie M. Je	als		
(a) Residence: No(Usual place of ab	oode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	Auto -
3. SEX 4. COLOR OR RACE Finale 4. COLOR OR RACE OR OLVORCED (a	o, WIOOWED,	21. DATE OF DEATH October 2/	193 Z- (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lesler Leads		22. September 17, 19, 32, 10, Det 20th	
6. OATE OF BIRTH (month, day, and year) 1892 aug	9	1 last saw h er alive on Betober 20, 1932	; death is said
	If LESS than day,hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	rmin.	were as follows:	Date of onset
SAWYER, BOOKKEPER, etc.		Stimorrhages	oct 28 st
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and spent in sp			
O 10. Oate deceased last worked et this occupation (month and year) occupation	this		
	0	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town). (State er country) Garrott Co Mic	£.	· Let hord from	Selet 17th
13. NAME Preston Savage		XI.	/
13. NAME Preston Savage 14. BIRTHPLACE (city or fown) Garrette Com (State or country) Garrette Com	d	Neme of operation Oate of Whef fest confirmed diagnosis? Was there an au	staney?
15. MAIDEN NAME Lucinda FEA.	ret	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME Lucinda tear. 16. BIRTHPLACE (city or town) (State or country) Larrett Co, M	d	Accident, suicide, or homicide? Oate of Injury	, 19
17. INFORMANT Lester Leats (Address) Frendsville mid R.	イ. ガ.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Alexander Box	123,35	Manner of injury	
19. UNDERTAKER OF THE CANADA CONTROL OF THE	42	24. Was disease or injury in any way related to occupation of deceesed?	Tho
20 FILED (90/2. 23 1932 Mg. Vegannet	chiatt.	(Signed) A. S. Marton 194	M. 0.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 doys ago
	A STATE OF THE STA	
	Other contributory causes of importance:	
Moy 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

•			
		Charles Continue	
-		-	

Length of residence in city or town where death occurred yrs, mos. ds How long in U. S. if of foreign birth? yrs, mos. d 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of foreign birth? yrs. mos. ds HOW long in U. S. if of foreign birth? yrs. mos. ds How long in U. S. if of foreign birth? yrs. mos. ds Ho	STATE OF MARYLAND	-CERTIFICATE OF DEATH 10984
Village or City. Jewash 1988. Ward Leagh of residence in city or town where death occurred yrs mos d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if of oreign birth? yrs mes d. How togs in u. S. if or invited a how	1. PLACE OF DEATH	(30)
Length of residence in city or town where death occurred	County Larrett	Registration Dist. No. 15
Length of residence in city or town where death occurred	Village or City / Yenstaton, Mal	No. St., Ward
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYDORED ("write the wend) Sa. Iff married, widowed, or divorced (or) Wife of 1 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade profession, or paticular insertations and the same allower, at a state of above, a	Length of residence in city or town where death occurred vrs	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DR DIVORCED (write the word) Sa. Il matried, widowed, or divorced (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months B. Trade, profession, or particular (month) Saw Will, Baltk, etc. 10. 11. Date occurred on the date stated above, at the profession or particular (month) Saw Will, Baltk, etc. 10. 11. Total time (years) Saw Will, Baltk, etc. 11. Date occurred (month) Saw Will, Baltk, etc. 11. Total time (years) (Sate or country) What test confirmed diagnosis? Was there an autopsy? Name of operation. Name of injury Nature of injury	51 11	
Clust place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	the second secon	X
3. SEX 4. COLOR OR RACE OR DIVORCED Crimin the words) 5. If married, widowed, or divorced 22. I HEREBY CERTIFY. That I attended deceased fro (nor) wife of (or) wife of (o		
OR DIVORCED ("write the word) OR DIVORCED ("write the word) So. If married, vidowed, or divorced ("NOSAND" of HUSBAND" of HUSBAND" of HUSBAND" of HUSBAND" of HUSBAND OF HUSBA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. or min. 8. Trade, profession, or particular standard with done as SPINNER, or min. 8. Indeed work done as SPINNER, or min. 9. Industry or business in which. SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. ILESS than 1 day in LESS than 1 do not one work or was follows: 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED (Address) 21. In Specify (Signed) 22. FILED (Signed) 23. If death was due to external causes (VIOLENCE) fill in also the following: Acident, suicide, or homicide? 24. Was disease of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Signed) 27. FILED (Address) 28. Unity in any way related to occupation of deceased? 29. FILED (Signed)	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular in the survey of the survey o	(or) WIFE of	
7. ACE Years Months Days II LESS than I day. Introduced to the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, at SILK MILL, SAWMILL, BANK, etc. 10. Date deceased last worked at the big occupation of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related to deceased Importance were as follows: Date of one of the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related to deceased Importance were as follows: Date of one one of the date stated above, at	(F. 1 1/1 191)	
1 day, hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which worked at this occupation (month and year) 10. Date doceased last worked at this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date of Injury 19. UNDERTAKER (Address) 19. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of Injury Date of Injury Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury Neme di injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed)		-
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPPER, etc. 9. Industry or business in which work was done, as SI k MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 21. TISOR SERVICE 22. Was disease of injury in any way related to occupation of deceased? 17. Name or operation Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed)	7 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Skind of work done, as SPINNER, SAWYER, BOKKEPER, etc. Journal of Mark and one, as SPINNER, SawYer, Bokkeper, etc. Work was done, as SPINNER, Saw Mill, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Spent in this occupation (month and year) State or country) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?	8. Trade, profession, or particular	were as follows:
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17. INFORMANT ACCOUNTS Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place P	State or country)	Where did injury occur?
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19. UNDERTAKER Land 10. Bolder 24. Was disease or injury in any way related to occupation of deceased? If so, specify 20. FILED C 31, 19 32 Drainia M. Harry (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) 20. FILED St. 19.32 Virginia M. Harry (Signed) (Signed) M.	Place f. Our Will Chate Oct 1, 193	Nature of injury
20. FILED (19. 7 - 19. 7 - 10) Talenta 111. 100 (18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	A STATE OF THE PARTY OF THE PAR	
		The same of the sa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR F	TURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County Registration Dist. No. / St., Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and nur Length of residence in city or town where death geourred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) St., Ward.	
Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number of the course	mber)
(If death occurred in a hospital or institution, give its NAME instead of street and number of residence in city or town where death goourred yrs. ds. How long in U.S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. St., Ward.	mber)
Length of residence in city or town where death geourred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. St., Ward.	
2. FULL NAME Long Constant Con	
(a) Residence: No. St., Ward.	
(4) 100100100. 1701	
	late
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Characteristics Characte	193 (Year)
HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY, That I attended de	ceased from
	death is sald
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2.000 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Out of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and spent in this occupation occupation occupation	
Other Contributory Causes of importance:	
12, BIRTHPLACE (city or town) (State or econty)	
13. NAME William Of iley	
14. BIRTHPLACE (city or town) Oate of State or country) Name of operation Oate of What test confirmed diagnosis? Was there an aut	les
	opsy/se
15. MAIOEN NAME (1010 M 1100 M) 15. MAIOEN NAME (1010 M) 16. BIRTHPLACE (city or town) (State or country) 17. MAIOEN NAME (1010 M) Where did injury occur?	, 19
17. INFORMANT All (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC (Address)	E.
18. BURIAL, CREMATION, OR REMOVAL Place A Manner of injury Nature of injury	
19. UNOERTAKER And Musterfler 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify	15
20. FILEO O C/- 25, 1932 O THOUL (Signed) (Address) Santaville	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year